

**FFICER'S BATTERY REPORT**  
HICAGO POLICE DEPARTMENT

RD NO.

**HY361194**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

<b>OFFICER INFORMATION</b>		<b>INCIDENT INFORMATION</b>	
NAME (LAST - FIRST - M.I.) <b>TORRES, ARTURO</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
TAR NO. <b>1149</b>		ADDRESS OF OCCURRENCE <b>4842 S CALUMET AVE</b>	
ATE OF APPOINTMENT <b>15-NOV-1999</b>		CITY <input checked="" type="checkbox"/> CHICAGO      STATE (If outside Chicago)	
NIT OF ASSIGNMENT <b>353</b>		LOCATION CODE <b>290-RESIDENCE</b> BEAT OF OCCURRENCE <b>0224</b>	
EX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F      RACE <b>HISPANIC</b>		DATE OF OCCURRENCE <b>30-JUL-2015</b> TIME <b>03:10:00</b> DAY OF WEEK <b>THURSDAY</b>	
EIGHT <b>600</b>		WEIGHT <b>200</b>	
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b>			
<input type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____		WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <b>7</b> PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER <b>SWAT TEAM-HBT INCIDENT</b>	
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		<b>MANNER OF ATTACK</b> <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
<b>TYPE OF ACTIVITY</b> <input checked="" type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____			
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____		<b>TYPE OF WEAPON/THREAT</b> (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <input type="checkbox"/> B. VEHICLE 1. REVOLVER 2. SEMI-AUTOMATIC 3. RIFLE 4. SHOTGUN <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
<b>FIREARM USE INFORMATION</b> (Check all that apply): <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
<b>OFFENDER INFORMATION</b> SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F      RACE <b>BLACK</b> DOB _____ CB NO. <b>19160462</b> IR NO. _____			
<b>TYPE OF INJURY TO OFFICER</b> <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <b>1</b>	
<b>LIGHTING CONDITIONS AT INCIDENT</b> <input type="checkbox"/> A. DAYLIGHT <input checked="" type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN		<b>WEATHER CONDITIONS</b> <input checked="" type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. ARTIFICIAL LIGHT 1. POOR 2. GOOD	
APPROXIMATE OUTDOOR TEMPERATURE: <b>80 °F</b> <b>LOG#</b> <b>1074425</b> <b>Attachment</b> <b>8</b>			

REPORTING MEMBER - SIGNATURE  
**TORRES, ARTURO**

STAR NO.  
**1149**

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
**VELEZ, CARLOS E**

**211**